

Change of Employment

Department of the Attorney General
Commerce and Economic Development Division
Notary Public Office
425 Queen Street
Honolulu, HI 96813

Effective Date: _____

My Commission#: _____

My Expiration Date: _____

Dear Notary Office:

☐ I have changed employment from (old):

☐ My employer's address has changed fr: _____
(Company Name)

(Company mailing address)

(City, State, Zip) Phone#
(Please print or type)

To (New):

(Company name)

(Company mailing address)

(City, State, Zip) Phone#
(Please print or type)

(Occupation)

(Email Address)

Attached is a letter from my new employer justifying the continuation of my notary public commission with their company. *(Letter required only if notary has changed employment)*

Please be advised that § 5-11-46 (10), Hawaii Administrative Rules (HAR), effective March 12, 2015, requires a non-refundable payment of \$10 for changes in employer, business address and telephone number. Failure to timely notify attorney general of changes of any item specified above within 30 days, HAR § 5-11-46 (11) requires you to pay an administrative fine of \$25.

Failure to timely notify attorney general of change of address that results in mailing of renewal forms to incorrect address, HAR § 5-11-46 (12) requires an administrative fine of \$50.

For Office Use Only

Date: _____

Receipt#: _____

Official Signature of Notary Public

Date

(Please print your name)

Please remit payments by Cashier's check, money order, or company check (*no personal check*) made payable to "State Director of Finance".